



CITY OF HUNTINGBURG
508 East 4th Street; Huntingburg, IN 47542
Tel. (812) 683-2211

APPLICATION TO CONNECT TO SANITARY SEWER

I hereby apply for a permit to tap and connect to the sanitary sewer system of the City of Huntingburg, Indiana for sewage service for the following described real estate. I agree to pay all charges as herein noted and to comply with the ordinances of the City of Huntingburg, Indiana.

"In accordance with the Federal Law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20520-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. This institution is an equal opportunity provider."

NAME (PROPERTY OWNER) _____

ADDRESS OF PROPERTY TO BE CONNECTED _____

MAILING ADDRESS _____

OWNER'S TELEPHONE _____

CONTRACTOR'S NAME _____

CHECK APPLICABLE BOX:

- ☐ NEW CONNECTION
☐ RE-CONNECTION

CONNECTION FEES

RE-CONNECTION NO CHARGE			¾"	WATER METER	\$850.00
1"	WATER METER	\$1,511.00*	1 ½"	WATER METER	\$3,400.00*
2"	WATER METER	\$6,044.00*	3"	WATER METER	\$13,600.00*
4"	WATER METER	\$24,178.00*	6"	WATER METER	\$54,400.00*
8"	WATER METER	\$96,711.00*	* COMMERCIAL/INDUSTRIAL ONLY		

SIZE METER TO BE INSTALLED _____ APPLICABLE CONNECT FEE \$ _____

AVAILABILITY FEE IF APPLICABLE

SRF WASTEWATER AREAS A, B, OR C	\$2,150.00
NORTH FRIENDSHIP/TWELFTH ST.	\$2,150.00
PHOENIX DRIVE/CO-OP	\$2,150.00

APPLICABLE AVAIL. FEE \$ _____

TOTAL CONNECTION AND AVAILABILITY FEES \$ _____

DATE _____

SIGNATURE OF PROPERTY OWNER _____

RECEIVED AT UTILITY OFFICE BY

APPLICATION

- ☐ APPROVED
☐ DENIED

SIGNATURE OF WASTEWATER SUPERINTENDENT _____

I HAVE INSPECTED THE WORK AT THE ABOVE ADDRESS AND FOUND IT TO BE IN COMPLIANCE WITH CITY CODES:

SIGNATURE OF INSPECTOR _____ DATE _____